

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90151 031 \*\*\*150.00

DOCUMENT # P02000028220

1. Entity Name  
TIMOTHY P. O'NEILL, P.A.



Principal Place of Business  
1645 PALM BEACH LAKES BLVD  
STE 550  
WEST PALM BEACH FL 33401

Mailing Address  
1645 PALM BEACH LAKES BLVD  
STE 550  
WEST PALM BEACH FL 33401



2. Principal Place of Business  
1555 Palm Beach Lakes Blvd

3. Mailing Address  
1555 Palm Beach Lakes Blvd

Suite, Apt. #, etc.  
Suite 310

Suite, Apt. #, etc.  
Suite 310

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip  
33401

Country  
USA

Zip  
33401

Country  
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
04-3625786

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

O'NEILL, TIMOTHY P ESQ.  
1645 PALM BEACH LAKES BLVD  
STE 550  
WEST PALM BEACH FL 33401

## 7. Name and Address of New Registered Agent

Name  
Same  
Street Address (P.O. Box Number is Not Acceptable)  
1555 Palm Beach Lakes Blvd  
Suite 310  
City  
West Palm Beach FL Zip Code  
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Timothy P. O'Neill Esq., President

*Tim P O'Neill Esq.*

2/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEILL, TIMOTHY P ESQ. 1645 PALM BEACH LAKES BLVD., SUITE 550 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'Neill, Timothy P. Esq. 1555 Palm Beach Lakes Blvd, Ste 310 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy P. O'Neill Esq., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 561-478-7077

Date

Daytime Phone #

CR2E034 (10/02)